

**AMENDMENT TO MILITARY CONSTRUCTION/VA
APPROPRIATIONS BILL
OFFERED BY MR. DENT OF PENNSYLVANIA**

In the Report:

On page 21 of the report, strike the paragraph beginning with the header, “*Shipboard and Base Lighting Systems*”, insert:

Shipboard and Base Lighting Systems.—The Committee commends the Navy for its increasing use of tubular light-emitting diode (T-LED) lighting and encourages it to continue these activities. The Committee directs the Navy to consider updating lighting specifications for ships and bases so T-LED use is an option, developing an approved products list for T-LEDs that is broadly available for use in all vessels, as well as bases, using total lifecycle costs to determine the value of T-LEDs, and making the installation of T-LEDs in vessels a priority when appropriate, such as during ship retrofits and new builds. T-LED usage on bases would help the Navy in reaching the goals it has set forth in its Shore Energy Program which seeks to reduce shore energy intensity by

30% (energy consumption per square foot) by 2015 and by 50% in 2020.

On page 38 of the report, in the paragraph with the header, “*Veterans Choice Program*”, strike the last sentence and insert:

Specifically, the Committee requests the Department to consider including travel time and total distance to a VA medical facility that can address the veteran’s specific healthcare needs when determining eligibility for the Veterans Choice Program.

On page 39 of the report, insert before the paragraph with the header, “*Care through multi-specialty clinics*”:

Specialty care provider shortages.—The Committee is concerned that, in some areas, veterans are being sent to specialists at other VA facilities that are long distances from their home, despite the presence of the PC3 and Choice programs and the availability of local non-VA specialty providers. The Committee requests a report not later than 60 days after enactment of this Act describing the hierarchy of type of provider that VA uses and any fiscal, programmatic or other factors that influence the

type of provider the veteran is directed to use by the local VISN and medical center.

On page 45 of the report, after the paragraph beginning with the header, “*Air cleaning technology*”, insert:

Poorly performing medical centers.—The Committee remains concerned that an unacceptable number of VA medical centers continue to perform far below minimally accepted standards for wait times and quality of care, and that these problems are often the result of chronic mismanagement and a failed organizational culture at the system level. Further, the Committee believes that, in the most severe cases, the Department, using its normal operating procedures, has demonstrated an inability to rapidly correct the systemic problems that are driving poor performance. The Committee is concerned that the Secretary lacks the tools necessary to effectively turnaround failing medical centers. The Committee requests that within 60 days of filing of this report, the Secretary report to the Committee what crisis management plans, policies, organizational procedures, legal authorities, and resources at the Secretary’s disposal are being utilized in this regard, and identify any additional resources or authorities believed necessary to effectively renew poorly performing medical centers.

On page 48 of the report, after the paragraph beginning with the header, “*Access to research findings*”, insert:

Alzheimer’s disease.—The Committee is aware of recent research that suggests TBI and PTSD may increase the chances of Alzheimer’s disease or related dementias. Furthermore, the Committee is concerned by VA estimates that the number of veterans with dementia will reach 218,000 by fiscal year 2017, a more than five-fold increase in the last decade. Therefore, the Committee encourages VA to conduct additional, peer-reviewed research on Alzheimer’s disease. The Committee urges VA, to the maximum extent possible, to target its research activities to the milestones issued in the National Plan to Address Alzheimer’s Disease and coordinate its efforts with the National Institutes of Health.

Diabetes.—The Committee recognizes the growth of diabetes as an epidemic in our country and the burden it places on our nation’s veterans. The Committee is pleased with the efforts of VA in securing 300,000 veterans to participate in the Million Veteran Program. The program is one of the largest databases of genetic, military exposure, lifestyle, and health information, and the research findings provide ways of preventing and treating a number of diseases impacting veterans, including diabe-

tes. The Committee urges VA to continue its efforts to reach the goal of one million participants. Also, the Committee urges the VA Office of Research and Development to provide more information about the diabetes specific research projects currently being funded.

On page 49 of the report, strike the paragraph beginning with the header, “*Third party health billing information*” and insert:

Third party billing.—Congress remains concerned over potential discrepancies in the VA’s billing process. Procedures to provide for correct billing and prompt collection must improve at the VA. Therefore, the Department shall submit to Congress no later than 180 days after the end of any fiscal year a report identifying the amount of third party health billings that were owed to the VA in the previous fiscal year and the amount collected. The report shall include billings and collections data for both large claims (greater than \$1,000) and small claims (equal to or less than \$1,000). In addition, the report shall include current efforts underway to increase VA’s efficiency, accuracy and collection process, as well as what management practices are in place to provide proper oversight of the billing process so as to eliminate unnecessary and duplicative functions.

On page 51 of the report, after the paragraph beginning with the header, “*Tribal nation representation*”, insert:

Strike force response.—The Committee is aware that the Secretary occasionally transfers leaders from other VA facilities to temporarily take charge to address acute problems in certain failing facilities. These leaders observe problem areas, develop corrective actions, and reorganize personnel and institutional assets to achieve them. The Committee urges the Secretary to regularize this process by having a cadre of experienced, high-performing managers designated for short-notice assignment to VA institutions that the Secretary or Inspector General identifies as low-performing. These managers should be used before a facility has long-term performance problems or an established record of failing to provide veteran services. The Committee requests a report within 60 days of the filing of this report outlining the number of senior managers who have been identified for future strike teams for both VHA and VBA facilities/offices.

On page 53 of the report, strike the paragraph with the header, “*Claims processing deficiencies*” and insert:

Claims processing deficiencies.—Because the backlog at the Oakland VA regional office was among the worst

in the nation, the VBA is requested to submit no later than 30 days after enactment of this Act a report outlining for calendar years 2014 and 2015 the number of claims received and processed at the Oakland regional office and the accuracy scores for those claims; the average time to complete a claim; the employee scores on speed and quality of rating; the amount of employee training that was conducted; the amount of overtime that was used; and the number of claims that were brokered to another regional office. Lastly, the report should outline the lessons learned and new protocols used from working with higher efficiency regional offices where Oakland's claims were brokered.

On page 61 of the report, strike the paragraph beginning with the header, “*Alternative financing*” and insert:

Alternative financing.—The Committee is concerned about meeting the need for access to high quality veterans health care facilities, including in rural areas where access to clinics and hospitals is more limited. The Committee directs VA to work collaboratively with the Office of Management and Budget, the United States General Services Administration, and the Government Accountability Office, together with the appropriate Congres-

sional committees, to explore the feasibility of employing new funding mechanisms to meet the need for such facilities, including but not limited to private development lease-back arrangements and VA-certified private hospitals, and to provide a report on their conclusions to the Committee within 30 days of enactment of this Act. The report will include any additional legislative authorities needed for a new VA hospital funding paradigm.

On page 62 of the report, insert after the paragraph beginning with the header, “*Public-private partnerships*”:

Construction of State extended care facilities.—The Committee urges VA to calculate the maximum bed numbers per state and county necessary to support the peak veteran population and to develop contingency plans that can be implemented to address additional spikes and declines over the next ten years.

